Effective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			B				「	RATE	FEE	1 [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE		OR	BASIC FEE	890	
TOTAL CHARGEABLE CLAIMS			/S minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*			X42=		OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PF	RESENT					+140=		1 1	+280=		
* If the difference in column 1 is less than zero, en					r "0" in co	olumn 2		TOTAL	 	OR OR	TOTAL	890	
CLAIMS AS AMENDED - PART II										1 ~''	OTHER		
	(Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	SMALLE		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	F.C. A.	=		X42=		OR	X84=		
نا	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEF			ENDENT CLAIM			+140=		OR	+280=		
							L	TOTAL		╏╗╏	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)							ODIT. FEE (4	ADDII. FEE	1	
IENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER NOUSLY D FOR	PRESENT EXTRA] [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	15	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	11	X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	ULTIPLE DEF	'ENDEN	I CLAIM		1	+140=		OR	+280=		
E							Ļ	TOTAL		اما	TOTAL		
		/Onless		10.1	me C'	(Calmer a		DDIT. FEE		10H	ADDIT. FEE		
		(Column 1) CLAIMS		HIG	IMN 2) HEST	(Column 3)	ጎ ⊢		ADDI-	, i		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=][X\$ 9=		OR	X\$18=	-	
	Independent	*	Minus	***]=	11	X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIM	1	」			1		 	
. *	If the entry in colu	ımn 1 is less than t	the entry in colu	ımn 2, wri	t "O" in co	olumn 3.	. L	+140=		OR	+280=	<u> </u>	
**	* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3. ** If th "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number